

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101599186

FILING DATE

092206

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7		1		1		
8	1		1			
9		1		1		
10		2		1		
11		2		1		
12		2		1		
13		2		1		
14	1		1			
15		1		1		
16		1		1		
17	1		1			
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1		1		
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49						
50						
TOTAL IND.	4	↓	6	↓		↓
TOTAL DEP.	29	←	21	←		←
TOTAL CLAIMS	35		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						